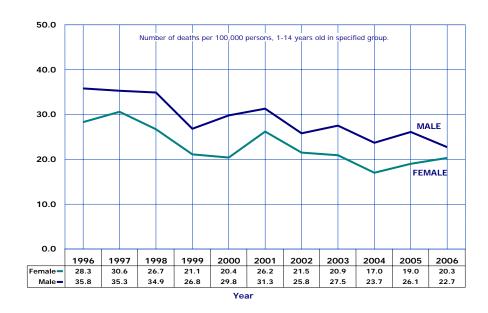
2C. AGE-SPECIFIC MORTALITY Childhood mortality (ages 1-14 years)

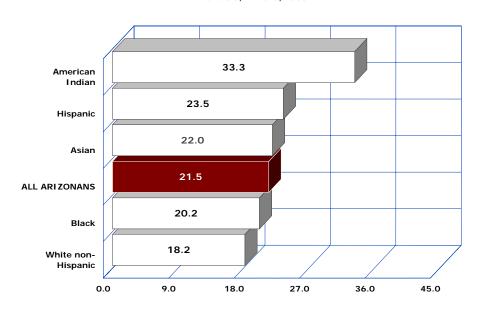
Figure 2C-5 Mortality Rates By Gender and Year Among Children 1-14 Years Old, Arizona, 1996-2006



Death claimed the lives of 278 of the 1,293,014 children (1 to 14 years old) residing in Arizona in 2006. Their 2006 mortality rate of 21.5 per 100,000 was the second lowest rate of the eleven-year period from 1996 to 2006 (Table 2C-8). However, females but not males experienced an increase in their total mortality rates from 2005 to 2006 (Figure 2C-5, Table 2C-8).

The 2006 mortality rate for girls was 28.3 percent lower than the 1996 rate, but it exceeded the 2005 rate by 6.8 percent. In contrast, boys died in 2006 at the lowest rate since 1980.

Figure 2C-6 Mortality Rates by Race/Ethnicity Among Children 1-14 Years Old, Arizona, 2006



American Indian children had the highest 2006 total mortality rate (33.3 deaths per 100,000), followed by Hispanic (23.5/100,000) and Asian children (22 deaths per 100,000; Figure 2C-6). The mortality rates for Black and White non-Hispanic children were lower than the average rate for all groups.

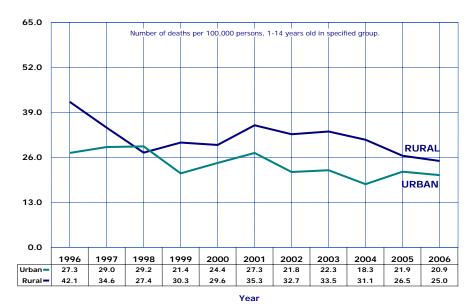
Number of deaths per 100,000 persons, 1-14 years old in specified group

2C. AGE-SPECIFIC MORTALITY Childhood mortality (ages 1-14 years)

From 2005 to 2006, the total mortality rates decreased for both rural and urban children (Figure 2C-7, Table 2C-9).

The temporal pattern underlying the changes in mortality between 1996 and 2006 differed by region. From 1996 to 1998, the mortality rate of rural children decreased by 65.1 percent, while the urban children experienced an increase in their mortality risk by 6.2 percent. From 1999 to 2001, the mortality rate of urban children increased by 27.6 percent, 1.7 times as much as the increase of 16.5 percent in the mortality risk of rural children (Figure 2C-7). From 2001 to 2006, the total mortality rates decreased by 29.2 percent for rural and by 23.4 percent for urban children. In 1996, the mortality disadvantage of rural compared to urban children was 54.2 percent; by 2006 it had decreased to 19.6 percent.

Figure 2C-7 Mortality Rates By Urban*/Rural Area and Year Among Children 1-14 Years Old, Arizona, 1996-2006

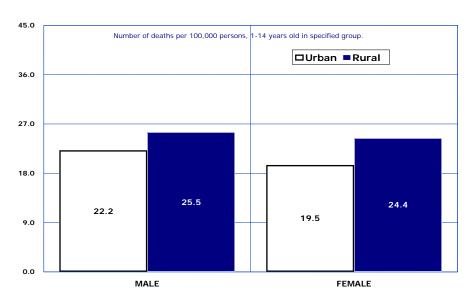


* Maricopa, Pima, Pinal and Yuma Counties

Figure 2C-8 Mortality Rates by Gender in Urban* and Rural Areas Among Children 1-14 Years Old, Arizona. 2006

Rural children had the same chances of dying in 2006 from unintentional injuries that urban children had ten years earlier in 1996 (12 deaths per 100,000 children; **Table 2C-9**). In 2006, the suicide rate among rural children (2.0/100,000) was 3.3 times the suicide rate among urban children (0.6/100,000, **Table 2C-9**). Urban children, in contrast, had a 3 times greater than rural children mortality rate for cancer (1.5 deaths per 100,000) vs. 0.5 deaths per 100,000).

Urban females 1-14 years old had the lowest 2006 mortality risk among gender by area groups, followed by urban males, rural females and rural males.



* Maricopa, Pima, Pinal and Yuma Counties.